

### [General Questions](#)

### [Agent Questions](#)

### [Questions Consumers May Ask](#)

#### General Questions

##### 1. What are Star Ratings?

Medicare Star Ratings is a government pay-for-performance program for Medicare Advantage and Part D Prescription Drug Plans. The Centers for Medicare & Medicaid Services (CMS) uses Star Ratings to rate quality on a scale of one to five on a number of different performance categories, with five being the highest. Star Ratings are issued at the contract level and are published on an annual basis at [www.Medicare.gov](http://www.Medicare.gov). The system using a scale of from 1-5 stars as shown here:



##### 2. How and when was the CMS Star Ratings system established?

The CMS Star Ratings system has been in place since 2007; however, the measures and methodology have been modified throughout this time and can change from year-to-year. The Star Rating system is a result of national legislation. The Patient Protection and Affordable Care Act (PPACA) directed the U.S. Department of Health and Human Services to establish a program to reward high-quality Medicare Advantage plans with a bonus payment and a lesser reduction in their share of rebate dollars. Congress then instructed CMS to measure Medicare Advantage plan quality using a star rating system.

##### 3. Does CMS publish a single Star Rating for UnitedHealthcare?

No. CMS does not issue a single Star Rating score for UnitedHealthcare's entire portfolio of Medicare Advantage and Prescription Drug Plans. However, there may be certain publications (i.e., academic or industry white papers) that report-out a single Star Rating for a particular entity – including UnitedHealthcare. While CMS does not issue scores at the enterprise level, a weighted-average Star Rating is often used by other external parties, such as investors, researchers, or associations, for comparative analysis across the industry.

##### 4. What does it mean when CMS issues a Star Rating at a "contract" level?

CMS issues Star Ratings at the contract level, with each contract receiving a single Star Rating from CMS. A contract is made up of one or more Product Benefit Plans (also known as "PBPs" or simply "plans"). For Medicare Advantage plans, the contract number typically begins with an "H" or "R", and for Prescription Drug Plans, the contract number typically begins with an "S". Performance data from members enrolled in those plans is collectively used to calculate the contract's overall Star Rating. The Star Rating associated with each plan (as published on the CMS website) represents the overall contract's Star Rating (e.g., if contract "X" is comprised of three plans, all three plans receive the Star Rating given to the contract).

##### 5. Are there individual county Star Ratings within a given state?

No, CMS issues Star Ratings at the contract level, not a county level.

##### 6. Does CMS re-issue or update Star Ratings throughout a given year?

No. Star Ratings are published by CMS only one time per year (annually, no updates in between). When the annual Star Ratings are published, no additional ratings are issued by CMS until the following year.

## Agent Questions

### 1. Why should I care about the Star Ratings and all the recent conversations?

As an agent, you are the 'face of our Plan' and how you portray our plans and interact with our consumers can positively affect our Star Ratings. CMS gathers data for a number of quality, operational and performance areas to determine Star Ratings including member experience through consumer outreach and other statistical data. So, your professionalism and accuracy are very important to some of the categories measured by CMS. You can impact some of these measures by encouraging consumers to use their benefits, such as preventive care.

### 2. What does CMS assess when they measure quality to determine a Star Rating?

CMS uses more than 50 measures to determine a Star Rating, considering such things as how often a member uses specific benefits (e.g., flu shots), a member's access to care, complaints, and measurable improvements in the health outcomes of our members. By simply being accurate when you present a plan and encouraging consumers to use covered benefits (and ultimately measured by CMS), you can help improve our Star Ratings.

### 3. Are the star measures weighted and are there certain performance domains that are more influential in calculating a Star Rating?

Yes. Star Ratings are assigned by CMS and calculated based on up to 50+ measures. Each star measure has a weighted factor between 1 and 3. Although every applicable star measure is factored into a contract's overall Star Rating, the measures with a higher weighted factor obviously have greater influence in the calculation. These highly weighted measures tend to fall into the "Clinical Quality" or "Medication Management" domains (e.g., physical and mental health, diabetes treatment, controlling high blood pressure, high-risk medications, and medication adherence).

### 4. If we have a good benefit plan design, do we automatically get a higher Star Rating?

No. Our Medicare Advantage plans provide more services than Original Medicare including many services that help our members live healthier lives – such as health and wellness programs, dental and vision coverage, care coordination and preventive care services. The CMS Star Ratings system measures how well these plan benefits are delivered and utilized by members. For example, how well are we helping members close gaps in care, are we effective at activating members to use their benefits, seek appropriate care and ensure prescriptions are filled and taken as directed, and how good are we at assisting members at every touch point and resolving questions on the first call.

### 5. Is provider performance a part of Star Ratings?

No. Rating provider performance is not part of the Star Ratings methodology. However, providers do play a very important role in helping us achieve favorable Star Ratings by delivering quality care to our members and help close gaps in care. UnitedHealthcare is committed to building a strong provider network and is focused on encouraging closer collaboration with providers to help make health care more accessible and affordable for our members.

### 6. How do Star Ratings impact funding levels from CMS?

Star Ratings is also a 'pay for performance' program. Higher Star Ratings provide more funding from CMS, which allows UnitedHealthcare to offer innovative solutions and enhanced benefits for more competitive products. Think of this funding level (also known as rebates and bonuses) as the amount of savings a plan generates because they are more efficient in managing medical care and costs. For example, if a plan has \$700 of revenue (including their Star Rating rebate or bonus) and they can provide Medicare benefits for \$600, they have \$100 in savings or "rebate". That rebate is shared between the plan and the federal government. The plan's portion must be used to fund member benefits. A plan's Star Rating will determine what percentage of the savings a plan can retain and use for member benefits. Conversely, lower rated plans not only receive lower levels of funding from CMS, but they also retain a lower portion of their Star Ratings rebate. In 2015, only plans with at least 4 stars will be eligible for *additional* funding from CMS.

So, your actions **today** to ensure accurate and professional selling, can positively impact Star Ratings and future funding. See how this works in the chart illustrated below:

PERFORMANCE (on which plans are rated)	DATA COLLECTION	STAR RATINGS CALCULATED	PAYMENT
2010	2011	2012	2013
2011	2012	2013	2014
2012	2013	2014	2015
<b>2013</b>	2014	2015	<b>2016</b>

Chart Explanation:

- What we did in **2011** impacted our current 2013 Star Ratings.
- Our performance in 2012 will be reflected in our 2014 Star Ratings (issued by CMS in October 2013).
- What we do **today (in 2013)** will impact our Star Ratings for **2015**.
- **In 2015, only plans with at least 4 stars will be eligible for additional performance funding.**
- Plans with higher Star Ratings keep a greater percentage of rebates

**7. Should I recommend a low-rated plan?**

You should always recommend whichever plan is the best fit for the consumer's healthcare needs. Remember, Star Ratings reflect how the plan performed approximately 2 years prior and if the plan has a low rating, those areas of measurement may be greatly improved today. In addition, precisely what is measured also can change from year to year.

**8. How does CMS define low performing plans as part of the Star Ratings system?**

CMS defines low performing plans as those Medicare Advantage and Prescription Drug (Part C & D) contracts having a rating of 2.5 or lower for three consecutive years of data collection.

**9. How can I impact Star Ratings?**

- Know the benefits you are selling, to accurately explain the plan and determine the best fit for the consumer. This supports the consumer with their plan selection, strengthens your relationship, and may also help avoid complaints.
- Encourage consumers and members to use their benefits because Star Ratings are partially based on whether or not our members obtain specific services, such as annual screenings and preventive care, visiting their Primary Care Physician (PCP), and properly using their medications (referred to as medication adherence).
- Reduce the chance that any type of complaint would be filed, by doing what is required in all sales presentations and appointments and lending proper support to your consumers.
- Take the Star Ratings training through WebEx or as provided by your Agent Manager, to know what services you should be mentioning to encourage consumers to use those benefits. Certain services are monitored by CMS and when consumers obtain those services; this can help our Star Ratings. Healthier outcomes of our members are also measured, so you do have the ability to influence those healthy habits and outcomes.
- Take the Events Basics module if you are conducting sales events, or, even to improve your knowledge for hosting individual appointments. The Events Basics module teaches you what is required to say or do when selling our plans and it is based on what CMS uses for scoring when they secretly shop your events.
- Use the sales presentations tools: "Hello Clarity," accompanying Agent Workbook and, the sales events video to be sure you are covering all the required statements so consumers understand what they are buying. This will help avoid consumer complaints resulting from any misunderstandings. The above-mentioned materials are all available on the Agent Toolkit.

**10. What is in it for me, if I take these extra steps?**

Higher Star Ratings are a great selling point when presenting our plans and can also result in funding to the Plan. This supports the Plan in offering competitive benefits, which also helps you stay competitive when selling.

#### 11. What could happen if I do not follow these suggestions regarding Star Ratings support?

Selling inaccurately can result in complaints, which can hurt our Star Ratings.

Poor Star Ratings can:

- Reduce performance funding to our Plan – which has a domino effect toward impacting what we may offer in terms of costs or enhanced benefits in the plans we offer.
- Repeated low Star Ratings can also impact our ability to expand plans into new areas or apply for new health plans to offer the next year.

#### 12. Can you explain to me what past performance means?

Past Performance is a scoring method used as a tool by CMS to evaluate the performance of all Medicare contractors (health plans). Star Ratings themselves, are just 1 of 11 'performance measures' that make up Past Performance Review Methodology (PPRM).

We are assigned points based on our past performance, and higher scores indicate low performance, similar to golf. A high score in Past Performance can hinder our ability to:

- Expand into new areas, with new plans
- Can limit our ability to obtain members through passive enrollment, in areas where that may apply.

#### 13. What am I required to say or do when it relates to Star Ratings?

When presenting our plans at an event or an individual appointment, you are required to say and do the following:

- **State out loud** what Star Ratings are
- **State out loud** what the Star Rating is for the plan you are presenting (the ratings are found in the sales materials for the plan you are presenting)
- **Show** the audience where the Star Rating is located, within the materials. Tell them they can find more information on [www.Medicare.gov](http://www.Medicare.gov)
- **Mention** 1-2 measures CMS considers when establishing a Plan's Star Ratings.

Examples you can mention:

1. Member use of preventive care (such as annual screenings)
2. Access to Care
3. Member use of prescribed medications – use as prescribed to improve health (i.e., adherence)
4. Customer Satisfaction

#### 14. Where can I go to get more information on Star Ratings, for me or to discuss with other agents?

A number of tools have been created to help you, including these primary resources:

- Events Basics module
  - *Effective 9/1/2013, agents must take the Events Basics module and pass the test (i.e. receive a score of 85% or better within three attempts) prior to reporting and/or conducting any event (educational or marketing/sales)*
  - *Offers updated language as to what an agent must cover (including Star Ratings information)*
- "Quick Reference Guide: Compliant Sales Practices" (Revised June 2013)
  - Offers tips on staying compliant throughout your sales experience. Compliant selling practices support positive Star Ratings.
- Stars Ratings Trainings – Effective August 30
  - *"Telesales Star Ratings Training" – Online Course specific to Star Ratings education*
  - *Star Ratings Training for Field Agents" – National WebEx – is located on the UnitedHealthcare Distribution Portal under the Resource Center tab. You can find it in the Forms and Tools section in the Compliance Corner.*
- Email: Contact Compliance at [Compliance\\_Questions@uhc.com](mailto:Compliance_Questions@uhc.com)
- Focus News Articles

- Watch the Focus News and its Compliance Corner section for updates on Star Ratings and other strategies to support compliant sales practices.

## Questions Consumers May Ask

### 1. Why does your plan not have a 5-Star Rating?

UnitedHealthcare has a focused effort to achieve this goal. However, the rating you see today reflects how we performed a couple of years ago. Our organization is definitely committed to the health and well-being of the members we serve and is committed to achieving the highest rating possible.

### 2. How many 5-star plans exist and where are they?

Typically, there are few contracts across the industry that receives a 5-star rating. In 2013, there were only 19 contracts nationally that received a 5-star rating. The 19 contracts are made up of 11 MA-PD plans, 4 MA-only plans, and 4 PDP plans.

### 3. What really determines the Star Rating your plan might receive?

- CMS uses more than 50 measures that deal with health care quality, and operational performance
- Exactly what is measured can change each year depending on what CMS observes across the industry.
- The types of things CMS measures, fall into these overall 'Domains':
  1. Staying Healthy – Screenings, tests and vaccines
  2. Managing chronic, long-term conditions
  3. Member experience with the Health Plan
  4. Member complaints, problems getting services, and improvement in the health plan's performance
  5. Health Plan customer service
  6. Part D: Similar to the above, but also includes:
    - Accurate pricing of medications
    - Medication Adherence
    - Patient Safety